Department of Labor f Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penaltles as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name TIMOTHX A BROWN	Name INT. ORGANIZATION OF MASTERS, MATES IN PILOTS
	Labor Organization File Number 000-152
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street Unit of the state of the	Street 700 MARITIME BLVD:
City CENTHICENT	City FINSHICOM
State Maryland ZiP Code + 4 21090-1941	State Maryland ZIP Code +4 21090 1941
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests islons set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name International Communication of the Name of the Na	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
P.O. Box, Bldg., Room No., if any Street City State Sign 15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this geport (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Form LM-30 (2003)

Name of Person Filing TIMOTHY BROWN	File Number U- 2728
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwis of an employer whose employees your labor organization represents or is actively (2) any part of which consists of buying from or selling or leasing directly or indirectly	se dealing with the business ly seeking to represent, or

dealing with your labor organization or with a trust in which your labor organization is interested 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name SEGAL & COMPANY a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street ONE PARK AVENUE NEW YORK 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. ACTUARTAL FIRM WHICH PROVIDES REVIEW AND THE MMP S DEFINED BENEFIT PENSION PLAN ADVICE Trade Name, if any: P.O. Box, Bldg., Room No., if any 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State DINNER PROVIDED AFTER TRUST MEETING AT THE PRIME RIB IN BALTIMORE ON 1/13/04 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street State 14.b. Amount of payment. 13.b. Is the Business an Employer or Consultant

Form LM-30 (2003)

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Page 2 of 2

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8. Name and address of Business (including trade name, if any). Name WRIGHT INVESTORS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 440 WHEELERS FARM ROAD City MILFORD	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ntion		
State Connecticut ZIP Code +4 06460				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.		
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State ZIP Code + 4		PLEMINGS RESTAURANT ON 2/05/0 MUTERNATIVES TO THE DEDICATED B EXPIRES.	Check Street Street	
	12.b. Amount.		\$84	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			4	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	EUMATE AUTOMONIANIANIANIANIA	Company	
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	14.b. Amount of payment.			

Name of Person Filing TIMOTHY BROWN		File Number U- 2728			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:		;		
Name BANK OF NEW YORK	a. Labor Organiza	ation			
Trade Name, if any:	b. Trust	2001			
P.O. Box, Bidg., Room No., if any	c. Employer				
Street ONE WALL STREET	s.actives				
City NEW YORK THE SHARE TH					
State New York ZIP Code + 4 10286					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal				
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Trade Name, if any:			d de displación de designa La presidente de displación de		
P.O. Box, Bldg., Room No., if any					
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	12.b. Amount.		\$150		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			11		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
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Trade Name, if any:					
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City 期間即用即用是其实量。但因此中的基本中,其中的,可以					
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	1111 111 11 11 11 11 11 11 11 11 11 11			
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Name of Person Filing	TIMOTHY BROWN	File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name GORFINE, SCHILLER & GURDY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10045 RED RUN BLVD. City OWNINGS MILLS. State Maryland 21117-4831	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. ACCOUNTING FIRM THAT CHECKS THE JEC REPORTS ON A YEAR PO YEAR BASIS 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. DINNER PROVIDED AT CHEF VOLA'S RESTAURANT IN ATLANTIC CITY DURING A LEADERSHIP CONFERENCE AT THE TROPICANA HOTEL ON 1/08/04			
	12.b. Amount. \$35			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		1		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment. The second of the			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing TIMOTHY BROWN	File Number U- 272 8
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name STRPTOR & JOHNSON Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1330 CONNECTICUT AVB. NW City WASHINGTON State District of Columbia ZIP Code+4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	LAW FIRM WHICH REPRESENTS THE VARIOUS PLANS IN THE MMP TRUST IN LEGAL MATTERS.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street and the company of the state of the s	11.b. Approximate dollar value of such dealing.
City The Third Control of the Contro	12.a. Nature of interest held or income received.
State ZIP Code + 4	STEPTOE AND JOHNSON PROVIDED THE USE OF THEIR EXECUTIVE SUITE AT THE MCI CENTER IN WASHINGTON, DC
	FOR TRUSTERS AND OTHERS TO WATCH AN NEW BASKETBALL
	FOR TRUSTEES AND OTHERS TO WATCH AN NEA BASKETBALL GAME BETWEEN THE LA LAKES AND THE WASHINGTON WIZARDS ON 2/28/04.
	GAME BETWEEN THE LA LAKES AND THE WASHINGTON WIZARDS
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	GAMB BETWEEN THE LA LAKES AND THE WASHINGTON WIZARDS ON 2/28/04. 12.b. Amount. \$1.05
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13.b. Is the Business an Employer

or Consultant

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Name	of	Person	Filing	TIMOTHY	BROWN

File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name STRPTGE & JOHNSON Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1330 CONNECTICUT AVE., NW City WASHINGTON State District of Columbia ZIP Code +4 20036	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name MASTERS, MATES & PILOTS TRUST Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 700 MARITIME BLVD. City Linghicum State Maryland. ZIP Code + 4 21090+1941	11.a. Nature of such dealing. LAW PIRM WHICH REPRESENTS THE VARIOUS PLANS IN THE MMP TRUST IN LEGAL MATTERS. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. STEPTOE AND JOHNSON PROVIDED BINNER AT RUTH CHRIS STEAKHOUSE FOR THE UNION AND COMPANY TRUSTEES POLICOWING A TRUSTEE MEETING ON 9/28/04.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing TIMOTHY BROWN		File Number U- 27	72.8
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activally any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise	is	
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Street 1345 AVENUE OF THE AMERICAS	c. Employer		
City NSW YORK			
State New York State State ZIP Code + 4 10004			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
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13.b. Is the Business an Employer

State ZIP Code + 4 ZIP Code + 4

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Name of Person Filing TIMOTHY BROWN		File Number U- 272 8	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines vely seeking to represent, or irectly to, or otherwise	5	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
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P.O. Box, Bldg., Room No., if any	b. Trust		
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State Connecticut ZIP Code + 4 06460			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.	
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Trade Name, if any:			
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State Maryland Property ZIP Code + 4 21096 1941		COMMANDER'S PALACE RESTAURANT ON LEANS DURING THE INTERNATIONAL DECEMBER 2004.	
	12.b. Amount.	超到超期間間	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	J.n	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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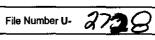
13.b. Is the Business an Employer

or Consultant

Name of Person Filing TIMOTHY BROWN		File Number U-	2728
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name THE MCLAUGHLIN COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1725 Desales ST. NW City WASHINGTON State District of Columbia ZIP Code + 4 20036	a. Labor Organiza b. Trust c. Employer	tion	
40 KO h. or O c. is absolved give tweet as assoluted ground	11.a. Nature of such deali	ina.	
10. If 9.b. or 9.c. is checked give trust or employer's name.	PROVIDES INSURANCE		R AUTOMOBILE AND DEPEN
Name MASTERS, MATES & PILOTS UNION Trade Name, if any:		ERTIES UNDER	THE MMP'S CONTROL.
P.O. Box, Bldg., Room No., if any			
Street 700 MARITIME BIND, THERE STATES			
City LINTHICOM	11.b. Approximate dollar valu		###Samming \$225.546
State Maryland ZIP Code + 4 21090-1941			
	THE UNION DURING T		POINSETTIA PLANT TO HOLIDAYS:
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde			- (w)
or from any labor relations consultant to an employer any payment of money	I		4,,0
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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State ZIP Code + 4			

13.b. Is the Business an Employer

or Consultant



B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name INDEPENDENT FIDUCIARY SERVICES Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 805_15TH_STREET NW SULTE 1120 City WASHINGTON State District of Columbia ZIP Code + 4 20036 10. If 9.b. or 9.c. is checked give trust or employer's name. Name WASTERS, MATES & PILOTS TRUST PLANS Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. PROVIDES INDEPENDENT ADVICE FOR INVESTMENT IN THE MAP DEPINED BENEFIT PLANS. THE IRAP PLANS AND THE HEALTH AND BENEFIT PLANS.	
Street 700 MARITIME BLVD, 1114	11.b. Approximate dollar value of such dealing.	
City LINITEDIA TO THE REPORT OF THE PROPERTY O	12.a. Nature of interest held or income received.	
State Mary Land ZIP Code + 4 21090 1941	FRANK LILLY TOOK ME FOR LUNCH ON APRIL 5, 2004 AT THE CHEESKCAKE FACTORY IN BALTIMORE	
	12.b. Amount. \$33	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street FIRE REPORTED TO STREET, See J. TURKET, GREET, GREE		
City State ZIP Code + 4 ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name THE MCLAUGHLIN COMPANY	FEMALE	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 1725 Degales ST. NW	6. Employer	
City WASHINGTON ASSET THE PROPERTY OF THE PROP		
State District of Columbia ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name MASTERS, MATES & PILLOTS UNION	PROVIDES INSURANCE COVERAGE FOR AUTOMOBILE AND VARIOUS OTHER PROPERTIES UNDER THE MMP'S CONTROL.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 700 MARITIME BLVD.	11.b. Approximate dollar value of such dealing.	
City LINWICON	12.a. Nature of interest held or income received.	
State Maryland ZIP Code + 4 21090-1941	THE MCLAUGHLIN COMPANY PROVIDED LUNCH AT THE	
	CHARLESTON RESTAURANT ON 6/18/04.	
	12.b. Amount. \$68	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	44 a Nichter of naturality	
(including trade name, if any).		
Name		
Trade Name, if any:	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any		
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	